Newsletter PTI Salud Global/Global Health Cov19

 principales novedades internacionales sobre IMPACTO

GRUPO TEMÁTICO DE TRABAJO 5
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Subtemáticas:
1.a. Social
1.b. Político
1.c. Económico
1.d. Medioambiental
1.e. Dinámicas científicas e innovación

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HOT TOPICS DE LA SEMANA
• Residencias
• Exceso muertes
• Uso de datos
• Confinamiento
• Salud mental
• Gripe
• Reinfecciones
Europe is immersed in the second wave of the COVID-19 pandemic, and Spain continues to be one of the most affected developed countries in the world, showing dismaying results regarding the number of deaths in nursing homes. Between March and August 2020, at least, half of the deceased in Spain because of Covid-19 or related symptomatology were residents in nursing homes.

To better understand what has happened in these centers and facilitate the knowledge so painfully learned in this crisis, the POSEB (Social Policies and Welfare State) Research Group conducted a study to identify the difficulties faced by the nursing homes’ institutional and organizational managers between January and August 2020 (1). To this end, the research team conducted 25 in-depth interviews with managers in such centers (directors, administrators, and medical supervisors) in various Spanish regions (Comunidades Autónomas). In addition, the research group interviewed high-ranking officials responsible for both social services and public healthcare at the central and regional levels, and representatives of the trade unions and the employers’ associations of the nursing homes. In parallel, the team examined a good number of documents released by governmental and independent sources, together with the responses to a questionnaire elaborated by the Institute for the Older-age and Social Services (IMSERSO) of the Ministry of Health.

Nearly all institutional and organizational actors involved directly in managing the crisis during the last months have had the opportunity to reflect on the weak points of the institutional settings responsible for providing long-term care and maintain acceptable health standards to the older-age residents in the nursing homes. Despite that no systematic and thorough evaluation has yet been carried out on what has so far happened, they have been able to identify a number of failures, some of which have been solved.

What improvements can be made to address nursing homes outbreaks, or prevent them from occurring, now and in the future?

**Preparation**

Residents in nursing homes live collectively, which facilitates the spread of infections and diseases like in any home. Older-age adults share three elements, which made them particularly vulnerable to Covid-19: (a) their older-age; (b) the frequent occurrence of concomitant diseases, and (c) a usual lack of personal autonomy, which implies the need for daily human contact with carers.

These three elements and the crucial fact that the 277,000 older-age adults in residential care do not have an alternative home, make nursing homes an essential service. Their optimization during an epidemic is a priority for society as a whole.

Therefore, it is necessary to integrate their protection in the national security strategies, as well as the emergency plans. Crises are often fugacious in their initial phases when the intervention needs to be more effective. Consequently, plans and programs for this type of eventualities must be well known by the authorities.

Moreover, distant threats should not be underestimated and internal capacities should not be overestimated, especially after having gone through a crisis that seriously affected health and, even more so, the long-term care sector, which has significant shortcomings. Although social investment has partially recovered in recent years, the lack of a new national budget has not allowed for a sufficient strengthening of public social and health services in recent years.
Coordination of responses

Inter-sectoral coordination between National Health System (NHS) and Social Services system concerning (1) Central Ministries themselves; (2) Regional government departments (Consejerías), and (3) between nursing homes and health-care centers, must be raised immediately in an epidemic. The lack of coordination between the two sectors can be extremely damaging, as this research project has confirmed in the case of COVID-19.

Expert profiles must be established in anticipation. The team must integrate experts of contrasted scientific prestige with so-called 'grey experts' (i.e. managers recruited from specialty contexts like the nursing homes, public health issues, the organization and management of the NHS, the decentralized social services and, the working of the Autonomic State.

The work that could and ought to be carried out at each governmental level should also be established in advance. Questions to be answered in this respect are: who is legally empowered to do each task?; who is better suited from the viewpoint of expertise in crisis management?; what instruments of public policy (organizational, legal, economic, media and social networks) are necessary?

If crises are well-managed, they become fruitful and positive for the ‘owner of the crisis.’ But if they are ill-managed, they can be extremely damaging for all stakeholders and the general public. In Spain, 73% of surveyed citizens believe that nursing homes have not been adequately managed (own data with 7,175 respondents between the end of August and mid-September 2020). The attribution of responsibility was divided into three categories: (a) 45% of the Spaniards thought that the main responsible for the management of the nursing homes were the regions; (b) 24% believed that it was a responsibility of the Central Government); and (c) 28% thought both government levels are equally responsible. However, the politicization of the crisis by governments might make citizens doubt how seriously they should take public health recommendations (in addition to delegitimizing the health and social systems).
Capabilities
The NHS and social services system as a whole (central and regional Ministries, and institutions of service provision) has shown severe problems of capabilities to secure resources, technology, and professionals to manage the crisis. The lack of data collection, materials, and tests highly conditioned public health responses.

It is very urgent to agree on a shared information system about the nursing homes between levels of government. The nursing homes must receive feedback on the data they feed into the system during the actual and future epidemic or emergency. This data will be very useful for managing the crisis at the micro level.

All nursing homes should have contingency plans informed in situ, with input from Social Services and not just programmed at a distance by experts. On several occasions the protocols call for actions that the nursing homes - due to their architectural configuration, the organization of the way they work and the specificities of the residents- cannot be carried out without severely undermining the care functions that give them meaning and, even worse, contributing to more contagion.

The government must anticipate the certain overload that the residential system will suffer due to the number of workers that will go on sick leave during the outbreak. In the first phase of this crisis, the overburden was caused by contagion, fear, and overly strict protocols (or the opposite). This overburdened other staff, which had to take on tasks for which they were sometimes unprepared, including healthcare tasks, and, as a consequence, several residents were not properly cared.

In some regions, the Departments of Health (Consejerías) found it hard to understand that they had to get involved swiftly and fully committed. In a crisis, hospital overflow must be anticipated and the criteria for care must be ethically informed. Residents in geriatric centers should not be equated with terminally ill patients.

Arrangements concerning deaths in nursing homes need to be optimized to avoid the repetition of what happened, including the unfair blaming put on some carers and assistance personnel who were doing their utmost to care for the older-age residents.

One of the most effective practices for containing outbreaks has been transferring COVID-19 patients to other temporary centers. This produced a positive externality to the healthy residents who can continue living as close to normal as possible.

The future of the sector
Finally, it is necessary to rethink the future of the long-term care sector. This is highly necessary after 14 years since implementing the Spanish dependency system and the budget cuts of the decree-law RDL 20/2012. In this respect, it appears crucial:

• To secure quality long term care for the older-age population and for those who care for them, mostly women. Society, youth and older, will benefit from the return of the investment made to achieve this objective
• To avoid ‘medicalization’ of the nursing homes, exploring alternatives such as developing coordination structures between the health and social services sectors
• To be attentive to proposals which could imply the future of the Social Services and Long Term


Autores: Eloísa del Pino, Francisco Javier Moreno-Fuentes, Gibrán Cruz-Martínez, Jorge Hernández-Moreno, Luis Moreno, Manuel Pereira-Puga, Roberta Perna (2020)

(1) The group sits in the Institute of Public Goods and Policies (IPP) at the Spanish National Research Council (CSIC). This project has received funding from the Spanish National Research Council (CSIC) within the framework of the CSIC-COVID-19 program. Researchers from 15 EU countries are also involved in the project.
HOW THE FAR-RIGHT POLARISES TWITTER: ‘HIGHJACKING’ HASHTAGS IN TIMES OF COVID-19

The Coronavirus pandemic was accompanied by a so-called ‘infodemic’. This term refers to the acceleration of information and high uncertainty in the information environment, as for instance, in science, the media or policymaking. Moreover, there was a surge of dis- and misinformation that additionally disrupted the media and information system. This article shows that far-right actors employed long established strategies such as ‘hashjacking’ using political opponents hashtags and public hashtags to influence public opinion formation and leverage their own content. Specifically, this article assesses polarisation strategies by partisans of the German right-wing populist party “Alternative fuer Deutschland” during two observation periods in 2018 and 2020. The analytical approach builds on community detection algorithms from social network analysis and logistic regression models to determine the likelihood of strategic hashtag hijacking or “hashjacking”. Results indicate that far-right users and politicians have been successful in establishing counterpublics on Twitter and were much more involved in linking their messages to wider discourses than partisans of other parties. Within the far-right partisan movement around #AFD a handful of heavy users were found to be retweeting most of the content. A small group of political partisans, in this case German far-right activists, succeeded in influencing the dynamics of social media discourse.

Autores: Philipp Darius and Fabian Stephany

COVID-19’S KNOWN UNKNOWNS

The more certain someone is about covid-19, the less you should trust them. In 2019, the medical historian Mark Honigsbaum concluded his book The Pandemic Century by saying: “The only thing that is certain is that there will be new plagues and new pandemics. It is not a question of if, but when.” Look around and you might wonder if he was hopelessly wrong. Not about the pandemic, which turned up almost before his ink was dry, but about there being only one certainty. In the “science” of covid-19, certainties seem to be everywhere. Commentators on every side—academic, practitioner, old media or new—apparently know exactly what’s going on and exactly what to do about it.

Autores: Davey Smith George, Blastland Michael, Munafò Marcus

CORE CONCEPT: THE PANDEMIC IS PROMPTING WIDESPREAD USE—AND MISUSE—OF REAL-WORLD DATA

COVID-19 has swept across the world, overwhelming healthcare systems and raising countless questions about how best to diagnose patients, treat infections, save lives, and contain the pandemic. In short order, researchers have launched randomized trials to uncover pharmacologic interventions that hold the promise of preventing or lessening the severity of the disease. But getting results takes time. And time was a luxury that doctors on the frontlines of the coronavirus fight could ill afford in the early months of the pandemic. Desperate for medical insights without delay—and hoping to address other questions not answerable in a specialized research environment—researchers, pharmaceutical companies, and government agencies immediately turned to health information captured through insurance claims, electronic medical records, patient registries, and other so-called “real-world” data sources. By analyzing trends in COVID-19 datasets, the research community rapidly helped fill in knowledge gaps around disease symptoms, risk factors, racial disparities, and more. Such observational methods also hinted at which treatments seemed to be making an impact—and which were not—all in near real time. But harnessing this type of real-world data is a tricky business. It requires high-quality data collection and proper methodological considerations. There are established guidelines on how best to plan, execute, and report observational studies in a way that ensures the validity and relevance of the evidence gathered. Yet researchers and clinicians can sometimes neglect those guidelines, especially during a health crisis in which the rush to publish has spawned some suspect research practices, according to some observers.

Autor: Elie Dolgin

COVID-19: WHY WE MUST REDRAW THE UK’S MAP OF INEQUALITY

Both the immediate response to and the recovery from the pandemic need to focus on those who have been hit hardest.

Autores: Tim Elwell-Sutton and Mehrunisha Suleman
Europe’s new coronavirus wave may be worse than the first. For months, scientists and health experts warned that governments must build up coronavirus testing and tracing capacity, put in place strict quarantine and isolation measures, ready hospitals for Covid-19 patients, protect the elderly and vulnerable, and, especially, get people to wear masks. Taking these steps, said Anthony Costello, a professor of global health at University College London, avoids “the bluntest weapon to control the epidemic”: the lockdown.

Autora: Julia Belluz
Concurrent with political and academic engagement in this aspect of ageing is the need to reconcile and embrace the inevitable requirement that many people will need extra care as they age. Long-term care must value the heritage, experience, and contribution of older people, and see them as individuals who are part of a wider social network. Some countries already do so. Denmark stopped building care homes in the 1980s and older people living in social housing with care facilities are considered tenants. Singapore is building integrated, so-called enabled communities, where residents are fellow citizens who contribute to a resilient society. Long-term care should be diverse, focusing on the importance of a home and community with multi-generational possibilities, with built environments designed for older people, and access to flexible and high-quality care, reflecting the many and unique ways that people age. The care workforce must be valued and receive better training, better pay, and a structured career path that reflects their important and highly skilled roles. Traditional care homes should be a last resort. The dehumanising way that COVID-19 has been managed in people in care homes makes a mockery of the purpose of medicine to extend life and allow people to live life in the fullest sense. The long-term care system in many countries is broken and must be reimagined.

Autores: Editorial, The Lancet

The 2020 edition of International Migration Outlook analyses recent developments in migration movements and policies in OECD countries and some non-member countries, and looks at the evolution of the labour market outcomes of immigrants in OECD countries. The COVID-19 is found to have triggered an unprecedented decrease of international migration: across the OECD, the number of new residence permits granted to migrants is estimated to have decreased by 46% in the first half of 2020, year-on-year. The report alerts to COVID’s economic consequences, which risk reversing the advances achieved in recent years regarding migrants’ labour market inclusion. Due to disproportionate shares of temporary employment, international migrants tend to be more affected by the pandemic’s negative impact on labour markets. Also, migrant workers’ disproportionate presence in public-facing occupations puts them at heightened risk both of contracting COVID and of losing their jobs. Migrant workers lacking formal contracts are not eligible for furlough schemes or other government benefits. As accustomed, the yearbook provides statistical snapshots on each OECD member state, with data mostly referring to 2018 and 2019; however, country briefings also include references to the impact of COVID on migration and its regulation.

Autor: OECD

Misinformation about COVID-19 is a major threat to public health. Using five national samples from the UK (n= 1050 and n= 1150), Ireland (n = 700), the USA (n = 700), Spain (n= 700) and Mexico (n= 700), we examine predictors of belief in the most common statements about the virus that contain misinformation. We also investigate the prevalence of belief in COVID-19 misinformation across different countries and the role of belief in such misinformation in predicting relevant health behaviours. We find that while public belief in misinformation about COVID-19 is not particularly common, a substantial proportion views this type of misinformation as highly reliable in each country surveyed. In addition, a small group of participants find common factual information about the virus highly unreliable. We also find that increased susceptibility to misinformation negatively affects people's self-reported compliance with public health guidance about COVID-19, as well as people’s willingness to get vaccinated against the virus and to recommend the vaccine to vulnerable friends and family. Across all countries surveyed, we find that higher trust in scientists and having higher numeracy skills were associated with lower susceptibility to coronavirus related misinformation. Taken together, these results demonstrate a clear link between susceptibility to misinformation and both vaccine hesitancy and a reduced likelihood to comply with health guidance measures, and suggest that interventions which aim to improve critical thinking and trust in science may be a promising avenue for future research.

Autora: Roozenbeek Jon et al.
COVID-19: THE GLOBAL CRISIS — IN DATA

Charts and maps show paradoxes of a pandemic that has claimed a million lives. As part of a major new series, the Financial Times has compiled chronological chapters of the crisis using information drawn from around the world.

Autores: FT Visual

ECONOMIC HARDSHIP AND MENTAL HEALTH COMPLAINTS DURING COVID-19

This study measures the impact of the COVID-19 lockdowns on workers’ economic hardship and mental health. In data representative of the active labor force, we document two interconnected layers of rapidly exacerbating inequalities. We find that occupational ranking is highly predictive of experiencing a range of instant economic hardships, such as workload decrease and income loss. Subsequent analyses indicate that such economic hardships lead to much higher prevalence of expressing adverse mental health, including feelings of depression and health anxiety. As the unprecedented societal shock of COVID-19 bears Little comparison with prior economic recessions, we assert survey data of the labor force are paramount in understanding how workers’ mental health complaints came about.

Autores: Dirk Witteveen, Eva Velthorst
COVID-19 AND EXCESS ALL-CAUSE MORTALITY IN THE US AND 18 COMPARISON COUNTRIES

The US has experienced more deaths from coronavirus disease 2019 (COVID-19) than any other country and has one of the highest cumulative per capita death rates. An unanswered question is to what extent high US mortality was driven by the early surge of cases prior to improvements in prevention and patient management vs a poor longer-term response. We compared US COVID-19 deaths and excess all-cause mortality in 2020 (vs 2015-2019) to that of 18 countries with diverse COVID-19 responses.

In the 14 countries with all-cause mortality data, the patterns found for COVID-19-specific deaths were similar for excess all-cause mortality (Table 2). In countries with moderate COVID-19 mortality, excess all-cause mortality remained negligible throughout the pandemic. In countries with high COVID-19 mortality, excess all-cause mortality reached as high as 102.1/100,000 in Spain, while in the US it was 71.6/100,000. However, since May 10 and June 7, excess all-cause mortality was higher in the US than in all high-mortality countries.

Autores: Bilinski A, Emanuel EJ

MENTAL HEALTH DISORDERS RELATED TO COVID-19–RELATED DEATHS

A second wave of devastation is imminent, attributable to mental health consequences of COVID-19. The magnitude of this second wave is likely to overwhelm the already frayed mental health system, leading to access problems, particularly for the most vulnerable persons. The solution will require increased funding for mental health; widespread screening to identify individuals at highest risk including suicide risk; availability of primary care clinicians and mental health professionals trained to treat those with prolonged grief, depression, traumatic stress, and substance abuse; and a diligent focus on families and communities to creatively restore the approaches by which they have managed tragedy and loss over generations. History has shown that societies recover from such devastation when leaders and members are joined by a shared purpose, acting in a unified way to facilitate recovery. In such societies, there is a shared understanding that its members must care for one another because the loss of one is a loss for all. Above all, this shared understanding must be restored.

Autores: Simon NM, Saxe GN, Marmar CR

COVID-19 AND THE FUTURE OF US FERTILITY: WHAT CAN WE LEARN FROM GOOGLE?

We use data from Google Trends to predict the effect of the COVID-19 pandemic on future births in the United States. First, we show that periods of above-normal search volume for Google keywords relating to conception and pregnancy in US states are associated with higher numbers of births in the following months. Excess searches for unemployment keywords have the opposite effect. Second, by employing simple statistical learning techniques, we demonstrate that including information on keyword search volumes in prediction models significantly improves forecast accuracy over a number of cross-validation criteria. Third, we use data on Google searches during the COVID-19 pandemic to predict changes in aggregate fertility rates in the United States at the state level from February 2020. Our analysis suggests that between November 2020 and February 2021, monthly US births will drop sharply by approximately 15%. For context, this would be a 50% larger decline than that following the Great Recession of 2008-2009, and similar in magnitude to the declines following the Spanish Flu pandemic of 1918-1919 and the Great Depression. Finally, we find heterogeneous effects of the COVID-19 pandemic across different types of mothers. Women with less than a college education, as well as Black or African American women, are predicted to have larger declines in fertility due to COVID-19. This finding is consistent with elevated caseloads of COVID-19 in low-income and minority neighborhoods, as well as with evidence suggesting larger economic impacts of the crisis among such households.

Autores: Joshua Wilde et al.
**COVID REINFECTIONS 'TO BE EXPECTED' AS VIRUS SPREADS, SAY GOVERNMENT SCIENTISTS.**

Reports suggest timeframe between recovery and reinfection ‘relatively short’ for those who contracted virus twice. Government science advisers have warned that reinfections with Covid-19 are “to be expected” as the virus spreads, based on what is known about people’s immunity to other coronaviruses that cause the common cold. Researchers on the Covid-19 Genomics UK Consortium said it was unclear at what point people who had recovered from the virus became vulnerable to reinfection, but cited emerging reports of second infections that suggested the timeframe was “relatively short”.

Autor: Ian Sample

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**HOTSPOTS OF RESURGENT COVID ERODE FAITH IN ‘HERD IMMUNITY.’**

Infection rates rise again in cities where some hoped a form of protection had been achieved. That is reflected in the latest European data, which show that many of the same places that suffered the worst virus outbreaks in the spring — such as Paris, Madrid and northern Italy — are among those with an autumn resurgence.

In contrast, data suggest that a form of partial herd immunity may have been reached in some developing world cities where the virus infected a higher percentage of the population. In South Africa, for instance, a recent study found coronavirus antibodies — indicating exposure to the virus — in 40 per cent of samples taken from pregnant women and people living with HIV who attended public clinics in Cape Town.

Autores: Bryan Harris et al.

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**WHY THE CORONAVIRUS IS KILLING MORE MEN THAN WOMEN.**

Men have weaker immune systems that, in some cases, may actually sabotage the body’s response to an invader. Social and cultural factors may also play a role.

Autor: Ben Guarino

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**THE LONG SHADOW OF THE PANDEMIC: 2024 AND BEYOND.**

Even when the world returns to ‘normal,’ the legacy of Covid-19 will transform everything from wages and health care to political attitudes and global supply chains.

Autor: Nicholas Christakis

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**ARE PEOPLE HAVING MORE PANIC ATTACKS IN THE COVID ERA?**

Panic attacks increased, as people are increasingly worried about their health. The knock-on effects coronavirus is having on people’s mental health is also a likely cause for the rise.

Autora: Alexandra Ossola

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**NO, COVID-19 IS NOT THE FLU**

There’s a refrain among some skeptics that “COVID-19 is just the flu,” which is not at all accurate. It can be hard to differentiate the two based on symptoms alone. The key differences between COVID-19 and influenza are highlighted to show why this pandemic is so critically and dangerous.

Autor: Andrew Pekosz
PÁGINAS WEB DE INTERÉS

1.- INE: Información estadística para el análisis del impacto de la crisis COVID-19
2.- WHO: Coronavirus Disease (COVID-19) Dashboard
3.- European Centre for Disease Prevention and Control: COVID-19 information
4.- Center for Disease Control and Prevention, Coronavirus (COVID-19)
4.- COVID19- Centro Nacional de Epidemiología incluyendo el panel MOMO
6.- Johns Hopkins University: Coronavirus Resource Center
7.- Worldmeters: Web con sección especial de COVID19
8.- IUSSP: Contributions to the understanding of the COVID-19 pandemic
9.- CEPAL: Covid Respuesta
10.- PanAmerican Health Organization: Coronavirus Disease (COVID-19)
11.- The Human Mortality Database, Max Planck Institute
12.- INED: Crise sanitaire et confinement : l’apport de la démographie et des sciences de la population
13.- Demography & COVID-19, Population Europe Network
14.- OpenSAFEly
15.- Longitudinal Covid-19 studies on mental health
16.- Epidemias y salud global Reflexiones desde la Historia
17.- Biblioteca Virtual del CSIC Recursos sobre COVID19
18.- British Library online
19.- L’Observatoire_19: evaluar los efectos de la pandemia sobre el Periodismo.
20.- OCDE Country Policy Tracker
21.- University of Oxford: CORONAVIRUS GOVERNMENT RESPONSE TRACKER
22.- Acción Matemática contra el Coronavirus
23.- Evolutionary Biology and Questions Regarding the Coronavirus!
24.- LTC COVID Response. International Long-Term Care Policy Network;
25.- 2019 Novel Coronavirus Research Compendium, NCRC
26.- The Economist's tracker for covid-19 excess deaths
27.- ELIXIR, the European research infrastructure for life science data
28.- Estimating the effective reproductive number (Re) in Europe
29.- Glosario de COVID-19 EN ES
30.- Sex, gender and COVID-19: overview and resources.
31.- COVID-19 Projections Using Machine Learning
32.- Austrian Corona Panel Project
33.- Medidas políticas clave de la OCDE
34.- SMaRteN
35.- UCL COVID-19 research
36.- GitHub escovid19data
37.- International Survey on Coronavirus
38.- Academic Data Science Alliance, COVID19 Resources: The Academic Data Science Alliance is working with partners to pull together data and data science resources related to the COVID-19 pandemic. This is a living list of resources and we welcome additions, suggestions, and collaborations.
39.- COVID-19 Open Research Dataset: Más de 130.000 artículos científicos y millones de datos de investigación asociados se han puesto en común y se han compartido con investigadores de todo el mundo para poder ser analizados con diferentes técnicas data and text mining, inteligencia artificial, machine learning, etc.
Recuerda que puedes encontrar información de TODAS las convocatorias abiertas en la wiki de la PTI Salud Global

**CONVOCATORIAS ABIERTAS**

1. **Rapid Action Grants**

   As a part of our SOS African Wildlife Initiative funded by the European Union, **Rapid Action Grants** are now available for projects implemented in South Africa and responding to threats linked to the COVID-19 crisis.

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**VIRTUAL EVENTS OR WORKSHOPS**

1. **How has the COVID-19 pandemic affected wildlife conservation?**

   One of the many casualties of the coronavirus pandemic has been our wildlife. Due to the unprecedented pressure COVID-19 has placed on conservation, we have asked some grantees across all our initiatives to tell us how the pandemic has impacted the species they work with and their conservation activities. In the videos below, they share their experiences straight from the field. Lockdown restrictions and various worldwide safety protocols have now left many threatened species exposed to poaching and other dangers. Conservationists have simply not been able to keep an eye on species as they once did. As a result, there is a very real risk that we could lose decades of progress and conservation successes. In an effort to fight against these extraordinary circumstances, IUCN Save Our Species has launched two Calls for Proposals for Rapid Action Grants as part of the SOS African Wildlife initiative, funded by the European Union. These grants are meant to address any urgent conservation needs brought about by the pandemic across Sub-Saharan Africa (including South Africa) and Madagascar. Currently, 18 COVID-19 Rapid Action Grants are active.

   **SOS Central Asia** "It is quite possible to conserve nature. One just needs to commit to it", Dina Konysbayeva. Wildlife Without Borders, Kazakhstan

   **SOS Lemurs** "Madagascar is also going through a very difficult situation, especially in terms of conservation." Maholy Ravaloharimanitra. The Aspinall Foundation, Madagascar.

   **SOS African Wildlife**. "The primate's habitat is being destroyed, and the monkeys are being affected by poaching." Inza Koné. Centre Suisse de Recherches Scientifiques en Côte d'Ivoire, Côte d'Ivoire

   **Integrated Tiger Habitat Conservation Programme**. "Respect nature [and] conserve biodiversity if we are to save humanity." Hem Baral, Zoological Society of London, Nepal.

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2. **The Demographic Impact of COVID-19: Global, Regional and National Experiences**

   Actions taken by Republic of South Africa (RSA) to adapt its policies and programmes for the Demographic Dividend in light of COVID-19

   [Event Timing: 3 - 5 pm (SAST), 3 November, 2020]

   The impact of COVID-19 on the African continent’s prospects of harnessing the Demographic Dividend

   [Event Timing: 3 - 5 pm (SAST), 11 November, 2020]

   Wrap up session focused on policy recommendations and potential avenues to explore in South-South/Trilateral Cooperation on Demography and COVID-19

   [Please note that webinar 5 will be invite only]

   Register
NUESTRA WIKI
Para información actualizada de la actividad de las temáticas puedes consultar la wiki de la PTI Salud Global

OTRA INFORMACIÓN QUE DEBES CONOCER
Consulta la web pública de la PTI Salud Global para conocer más noticias y novedades de la actividad de nuestros investigadores en la lucha contra la pandemia provocada por la COVID-19.

Y si tienes cualquier consulta, puedes hacérmosla llegar a través del email: pti@csic.es

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